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Application Number	10/647,789
Filing Date	August 25, 2003
First Named Inventor	WERMELING
Title	Intranasal Opioid Compositions
Art Unit	1615
Examiner Name	Unknown
Attorney Docket Number	05061447

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

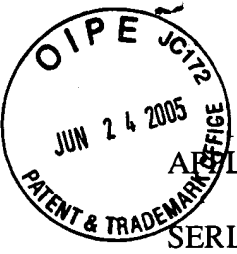
Signature	<i>Donald G. Keach</i>	Date	6/19/05
Name	Donald G. Keach	Telephone	859-257-2300
Title and Company	University of Kentucky Research Foundation		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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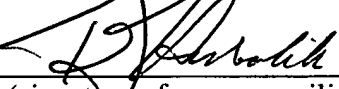


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Wermeling) ATTORNEY DOCKET: 05061447
)
SERIAL NO.: 10/647,789) GROUP ART UNIT: Unknown
)
FILED: August 25, 2003) EXAMINER: Unknown
)
TITLE: INTRANASAL OPIOID COMPOSITIONS
DATE: June 24, 2005

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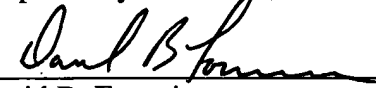
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Sir:

Enclosed herewith are the following for the above-captioned application:

1. Power of Attorney and Correspondence Address Indication Form (PTO/SB/81 Form); and
2. Return receipt postcard.

Respectfully submitted,


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